



# UNITED STATES PATENT AND TRADEMARK OFFICE

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WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/051,364	01/18/2002	Rikk Crill	273886 (18897-018)



**CONFIRMATION NO. 7649**  
**FORMALITIES LETTER**



\*OC000000007526100\*

Date Mailed: 02/25/2002

CHRISMAN, BYNUM & JOHNSON  
1900 FIFTEENTH STREET  
BOULDER, CO 80302

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

**FILED UNDER 37 CFR 1.53(b)**

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 370 to complete the basic filing fee for a small entity.*
- Total additional claim fee(s) for this application is \$36.
  - \$36 for 4 total claims over 20.
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter..
- **The balance due by applicant is \$ 471.**

*A copy of this notice **MUST** be returned with the reply.*

*[Signature]*  
Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

04/19/2002 EAREGAY1 00000009 10051364

01 FC:201  
02 FC:203  
03 FC:205

370.00 OP  
36.00 OP  
65.00 OP

Please type a plus sign (+) inside this box → 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

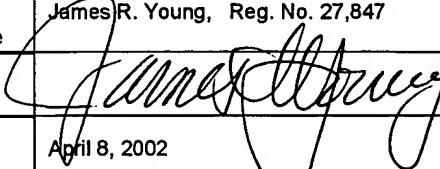
*(to be used for all correspondence after initial filing)*

		Application Number	10/051,364
		Filing Date	January 18, 2002
		First Named Inventor	CRILL, Rikk
		Group Art Unit	2621
		Examiner Name	To be assigned
Total Number of Pages in This Submission	12	Attorney Docket Number	18897-108

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 sheet)	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached (check no. 2193)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, (1 sheet); and Intervention/Revocation & New Power of Attorney & Change of Correspondence Address (2 sheets)	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Statement Under 37 CFR 3.73(b) with copy of filed assignment (4 sheets)</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b>	<b>Missing parts enclosed:</b>
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<ol style="list-style-type: none"> <li>1. Notice to File Missing Parts (1 sheet);</li> <li>2. Check No. 2193 in the amount of \$471.00 for filing fee and surcharge; and</li> <li>3. Declaration for Utility Patent Application (2 sheets).</li> </ol>	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James R. Young, Reg. No. 27,847
Signature	
Date	April 8, 2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	James R. Young	Date	April 8, 2002
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

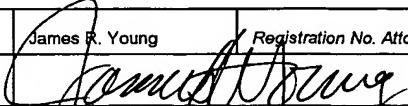
# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 471)

<i>Complete if Known</i>	
Application Number	0/051,364
Filing Date	January 18, 2002
First Named Inventor	CRILL, Rikk
Examiner Name	To be assigned
Group / Art Unit	2621
Attorney Docket No.	18897-018

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)																																																																																																																																																																																																																
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Deposit Account Number</td> <td>03-1725</td> </tr> <tr> <td>Deposit Account Name</td> <td>FAEGRE &amp; BENSON</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27         </td> </tr> </table>					Deposit Account Number	03-1725	Deposit Account Name	FAEGRE & BENSON	<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James R. Young	Registration No. Attorney/Agent)	27,847
Signature			Date
			April 8, 2002

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